



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2004
OF THE CONDITION AND AFFAIRS OF THE

Pro Care Health Plan, Inc.

NAIC Group Code	0000	NAIC Company Code	11081	Employer's ID Number	38-3295207
(Current Period)		(Prior Period)			
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]				
Incorporated	09/29/1995		Commenced Business	12/13/2000	
Statutory Home Office	3956 Mount Elliott			Detroit, MI 48207	
		(Street and Number)		(City or Town, State and Zip Code)	
Main Administrative Office	3956 Mount Elliott				
		(Street and Number)			
Detroit, MI 48207		313-925-4607			
(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	3956 Mt. Elliott St.			Detroit, MI 48207	
		(Street and Number or P.O. Box)		(City or Town, State and Zip Code)	
Primary Location of Books and Records	3956 Mount Elliott				
		(Street and Number)			
Detroit, MI 48207		313-925-4607			
(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	Procarehp.com				
Statutory Statement Contact	Ahmed K Numan			313-925-4607	
		(Name)		(Area Code) (Telephone Number) (Extension)	
mnone88@hotmail.com		313-925-0322			
(E-mail Address)		(FAX Number)			
Policyowner Relations Contact	Robin Cole - 3956 Mount Elliott				
		(Street and Number)			
Detroit, MI 48207		866-776-0891			
(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)			

OFFICERS

Name	Title	Name	Title
Augustine Kole-James MD	President & CEO	Robin Cole, RNC, MS, MBA.	Secretary
Harold Montgomery CPA	Treasurer		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Augustine Kole-James MD	Anthony Adeleye MD	Harold Montgomery CPA	Robin Cole RNC.
Catherine Riley	Eliazbeth Williams		

State ofMichigan.....

ss

County ofWayne.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Augustine Kole-James MD President & CEO	Robin Cole Secretary	Harold Montgomery Treasurer
Subscribed and sworn to before me this		
23 day of February, 2005		
a. Is this an original filing? Yes [X] No []		
b. If no,		
1. State the amendment number		
2. Date filed 03/01/2005		
3. Number of pages attached		

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Pro Care Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Pro Care Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Pro Care Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

NONE

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

9999999 Totals

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	752	0	698	54	24	30
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	752	0	698	54	24	30

SCHEDULE A - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	680,162
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	(15,242)
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8. Book/adjusted carrying value at end of current period	664,920
9. Total valuation allowance	0
10. Subtotal (Lines 8 plus 9)	664,920
11. Total nonadmitted amounts	
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	664,920

SCHEDULE B - VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0

Schedule D - Part 1A - Section 1
NONE

Schedule D - Part 1A - Section 2
NONE

Schedule DA - Part 2
NONE

Schedule DB - Part A - VBY
NONE

Schedule DB - Part B - VBY
NONE

Schedule DB - Part C - VBY
NONE

Schedule DB - Part D - VBY
NONE

Schedule DB - Part E - VBY
NONE

Schedule DB - Part F - Section 1
NONE

Schedule DB - Part F - Section 2
NONE

Schedule S - Part 1 - Section 2
NONE

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SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2004	2 2003	3 2002	4 2001	5 2000
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	55	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	3	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	2,179,101	0	2,179,101
2. Accident and health premiums due and unpaid (Line 12).....	0	0	0
3. Amounts recoverable from reinsurers (Line 13.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	21,618	0	21,618
6. Total assets (Line 26)	2,200,719	0	2,200,719
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,500	0	2,500
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	0	0	0
10. Reinsurance in unauthorized companies (Line 18).....	0	0	0
11. All other liabilities (Balance).....	49,361	0	49,361
12. Total liabilities (Line 22).....	51,861	0	51,861
13. Total capital and surplus (Line 30).....	2,148,858	XXX	2,148,858
14. Total liabilities, capital and surplus (Line 31)	2,200,719	0	2,200,719
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	0		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	0		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	0		

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

YES [☐] NO [☒]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

YES [☒] NO [☐]
3.

Will an actuarial certification be filed by March 1?.....

YES [☒] NO [☐]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

YES [☒] NO [☐]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

YES [☒] NO [☐]
6.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1?

YES [☐] NO [☒]
7.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

YES [☐] NO [☒]

APRIL FILING

8.

Will Management's Discussion and Analysis be filed by April 1?.....

YES [☒] NO [☐]
9.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

YES [☐] NO [☒]
10.

Will the Investment Risks Interrogatories be filed by April 1?

YES [☒] NO [☐]

JUNE FILING

11.

Will an audited financial report be filed by June 1 with the state of domicile?


YES [☒] NO [☐]


EXPLANATIONS:


1.
6. N/A.
7. N/A.
9. N/A.


BAR CODE:

1.


1 1 0 8 1 2 0 0 4 3 6 0 5 8 0 0 0
6.


1 1 0 8 1 2 0 0 4 2 0 5 0 0 0 0 0
7.


1 1 0 8 1 2 0 0 4 2 0 7 0 0 0 0 0
9.


1 1 0 8 1 2 0 0 4 3 3 0 5 8 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP

2504.	Subscriptions & Publications.....			1,799		1,799
2505.	Seminar & Training.....			450		450
2506.	Repair & maintenance.....			4,013		4,013
2507.	Delivery expense.....			1,316		1,316
2508.	Interest expense.....			2,209	.0	2,209
2509.	State fine & penalties.....			300		300
2510.	Software expense.....			13,413		13,413
2511.	Miscellaneous expense.....			1,494		1,494
2512.	Membership fees.....			11,100		11,100
2597.	Summary of remaining write-ins for Line 25 from Page 14	0	0	36,094	0	36,094